

Enrollment process in the absence of an automatic default enrollment process.

The vast majority of enrollees select their MCE on a timely basis in the county social service agency. Of the total statewide eligible for Medicaid managed care, less than 1% do not select an MCE immediately. This number drops to .5% after 60 days from the date the enrollee is informed they need to select an MCE. If an enrollee has difficulty selecting an MCE, the criteria listed in Supplement 2 are used to assist the enrollees.

If an MCE is not selected, the following process is used:

1. A monthly notice is generated and mailed to the enrollee who has not selected an MCE. The automated eligibility system completes this task. This notice continues to be generated as long as the enrollee does not select an MCE.
2. The same system that generates the enrollee notice also provides an alert to the enrollee's county eligibility worker to inform the worker their client has not selected an MCE and that the notice has been sent.
3. To facilitate the process, staff from the NDDHS receives a monthly report presenting the enrollees throughout the state that have not selected an MCE. The report contains the enrollee name, medical assistance identification number, medical assistance case number, and the date the enrollee was informed to select an MCE. The report is sorted by:
 - a. Date from the MCE informed date; 1 to 60 days, 61 to 90 days, 91 to 180 days, and over 180 days.
 - b. By county social service agency
 - c. By county case worker

Copies of the report are sent to county social services supervisors to ensure their workers address the issue. The state staff reviews and compares the monthly reports to identify enrollees that continue to not select an MCE.